DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 13-02 MA NJ	2. STATE
STATE PLAN MATERIAL	Mindiagrames Commission and Commission Commi	New Jersey
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447	7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$ 2.5 M) -	
	b. FFY 2014:(\$ 3.4 M)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Addendum to Attachment 3.1A Page 12(a) 3	Same	
**SEE REMARKS BELOW		
10 SUBJECT OF AMENDMENT: This amendment relates to Se	ction 175 of the Medicare Improve	
10. SUBJECT OF AMENDMENT: This amendment relates to Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) Provisions Related to Medicaid Outpatient Drug Coverage.		
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11. GOVERNOR'S REVIEW (Check One):  ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IEICO.
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  OTHER, AS SPECIFIED:  Not required, pursuant to 7.4 of the Plan		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Valerie Harr, Director Division of Medical Assistance and Health Services P.O. Box 712, Mail Code #26 Trenton, NJ 08625-0712	
13. TYPED NAME: Johnifer Velez		
14. TITLE: Commissioner		
15. DATE SUBMITTED:		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED - ONI	April 12, 20	13
19. EFFECTIVE DATE OF AJEROXED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	YCIAL:
21. TYPED NAME: Michael Melendez	22. TITLE: Associate Regional Ad	ministrator
23, REMARKS:	Division of Medicaid and	State Operations
on 4/8/13 Pen and Ink (PXI) changes Outhorized by		
State For block M.		